

O 76-120
Rev. 3-71
(Formerly PTOL-85)



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BASE ISSUE FEE TRANSMITTAL

U.S. Department of Commerce
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This form is provided in lieu of a formal transmittal and should be used for transmitting the Base Issue Fee. Items numbered 1 through 4 below should be completed as appropriate. The Base Issue Fee Receipt will be mailed to the address appearing in item 4 or as designated in item 4a below.

1A. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Base Issue Fee to the application identified below and deliver the patent as indicated.

1B. For printing on the patent front page: List below the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed below, no name will be printed.

(Signature of party in interest of record)

(Date)

Stanley B. Fisher
Norman F. Oblon Reg. No. 24,618

NOTE: The signature will be accepted from anyone other than the applicant, his assignee, or attorney, or a party in interest as shown by the records of the Patent and Trademark Office, nor will the signature be required if application prior to the Notice of Allowance.

Registration Number 24,364

1 OBLON, FISHER, SPIVAK,
McCLELLAND & MAIER, P. C.

2

3

	FILING DATE	SERIAL NO.	NO. OF CLAIMS ALLOWED	EXAMINER AND GROUP ART UNIT
	06/06/78	913107	5	ROTHMAN 121
APPLICANT(S)	MARSILI, LEONARDO; ROSSETTI, VITTORIO; AND PASQUALUCCI, CARMINE; ITALY			
TITLE OF INVENTION (X indicates as amended by examiner)	RIFAMYCIN COMPOUNDS			

MAILED DEC 5 1979

NOTICE OF ALLOWANCE DATE

BASE FEE COMPUTATION

BASE FEE DUE

CLASS-SUB

\$100.00 + (FOR DWG. @ \$2 PER SHEET) + \$10 (FOR FIRST PAGE PRINTED SPEC.)

8110.00

260/239.30P

2. ASSIGNMENT DATA (print or type)

A. The appropriate box(es) in this item MUST be checked:

- (1) This application is NOT assigned;
(2) This application IS assigned;
(3) Assignment herewith;
(4) Assignment recorded and returned by Patent and Trademark Office:
 YES NO

3. BASE FEE ENCLOSED:

YES

NO

Charge to my Deposit 15-0030
Account Number: _____
(PTOL-85c must be enclosed)

- a. For Base Fee.
b. For Balance of Issue Fee Due, if any.
c. For Recording Enclosed Assignment.

DO NOT USE THIS SPACE.

1. 106 100.00CK
1. 107 10.00CK

(1) NAME OF ASSIGNEE:
ARCHIFAR Laboratori Chimico Farmacologici
S.p.A.

(2) ADDRESS: (City & State or County)
03/14/80 913107
Rovereto, Italy

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

Italy

MAILING INSTRUCTIONS

NOTE: All further correspondence, the patent together with the Notice of Balance of Issue Fee Due, if any, will be mailed to the addressee entered in the stub marked 4 at the lower left below, unless you direct otherwise by specifying the appropriate name and address in item 4a below right.

4a. Further correspondence is to be mailed to the following:

P01 BATCH-B76--